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Letters ❖ Correspondance

Challenge of electronic medical records

The June issue has a thoughtful article[1] by Dr Newbery on continuity: the continuity of relationships and of approaches to treatment and abilities. He describes the computer as being unable to ensure continuity, yet it is the computer that will allow the most important continuity in family medicine: that of patient care.

The thread of continuity is more important today than in the past. The appearance of breast screening clinics and cervical testing clinics attests to deficiencies in our recall programs. The care these clinics provide is discontinuous because they care for only one aspect of health. On the other hand, they follow a disease-specific preventive program over time.

With recent advances in postinfarct care or diabetic management, for example, disease-specific continuity of care becomes more critical. Many diseases require years of ongoing management. Many patients have multiple health problems and take multiple treatments that are difficult to follow. It is also difficult to remember when to initiate preventive maneuvers, such as ophthalmic assessment for diabetics or immunization updates. The thread of continuity needs to weave through all these areas.

Family doctors are the only health care professionals who have the breadth of practice to coordinate care for patients. Continuity of care should imply continuity over a disease process, not just episodic care when patients present with a problem.

Flow charts are cumbersome to use for remembering, for example, when menopause started, whether a hysterectomy has been done, what the results of the last Pap smear were and whether another one needs to be done this year, when the last breast examination was performed or mammogram or bone density test was done, whether hormone replacement therapy has been discussed, and whether breast cancer has affected the family. Many other patterns of care require similar diligent documenting of previous events to help direct current care. How many other maneuvers are not used because we are not organized to think of our patients over time?

Dr Newbery is right on two counts. It is time to rethink continuity, and current computer programs are not up to the job of giving us this type of information about our patients. As family doctors we need to take on the challenge of electronic medical records. Computerized electronic records make patient data easily accessible and can display information in a useful manner. Charts become useful documents rather than files of paper sitting in a cabinet. Triggers for timely use of preventive maneuvers can be built into the program. We must think about what data will help us manage our patients and how the data we have can be most useful to us, how we can best follow the threads of our patients' health.

Continuity of care across patients' health spectrum can be a reality with computerized records. With the complexity of maneuvers with which we have to deal, this is the future of family medicine.

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Reference

1. Newbery P. Time to rethink continuity. *Can Fam Physician* 2000;46:1248-9 (Eng), 1256-7 (Fr).

Make your views known!

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Olanzapine: keep an eye on this neuroleptic

As a French-speaking physician, I found some errors in the translation of the original Prescrire article,[1] "Olanzapine. Keep an eye on this neuroleptic."

The article gave a bad impression of "novel" or "atypical" antipsychotics in general and of olanzapine in particular, which is absolutely unjustified based on a large scientific database